

STATE OF VERMONT
MEDICAL PREMIUMS for COBRA CONTINUATION
MONTHLY
Effective January 1, 2009

TotalChoice Plan

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$674.45	One Person
1A	\$1,348.91	Two Person
1B	\$1,854.76	Family

SelectCare POS Plan

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$564.47	One Person
1A	\$1,128.94	Two Person
1B	\$1,552.29	Family

HealthGuard PPO Plan

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$604.95	One Person
1A	\$1,209.90	Two Person
1B	\$1,663.63	Family

SafetyNet Plan

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$395.47	One Person
1A	\$790.95	Two Person
1B	\$1,087.55	Family

Dental Plan - Delta Dental

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$27.52	One Person
1A	\$50.64	Two Person
1B	\$95.93	Family